



**GAME WARDENS' & PEACE OFFICERS' RETIREMENT SYSTEM (GWPORS)
 MEMBERSHIP/DESIGNATION OF BENEFICIARY CARD**

MEMBER INFORMATION					
Last Name		First Name, MI		Social Security Number*	
Date of Birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Employing Agency		Employer Number (MPERA use only)	
Mailing Address					
City			State	Zip Code	
Daytime Phone Number ()		Email Address			
Type Of Position (check one): <input type="checkbox"/> Game Warden <input type="checkbox"/> Stock Detective <input type="checkbox"/> Motor Vehicle Inspector <input type="checkbox"/> Stock Inspector <input type="checkbox"/> Motor Carrier Officer <input type="checkbox"/> Campus Security Officer <input type="checkbox"/> Prison Warden or Deputy <input type="checkbox"/> Drill Instructor <input type="checkbox"/> Corrections Officer <input type="checkbox"/> Probation Officer <input type="checkbox"/> Parole Officer					
PRIMARY AND/OR CONTINGENT BENEFICIARY DESIGNATION					
<input type="checkbox"/> I wish to retain the GWPORS beneficiary designation currently on file with MPERA.					
<p>Completion of this section revokes all prior beneficiary designations unless you are prohibited from changing your beneficiary by a valid temporary restraining order issued pursuant to § 40-4-121, MCA. You may designate one or more primary or contingent beneficiaries by using a separate line for each person. Contingent beneficiaries receive benefits only if all listed primary beneficiaries are deceased. If you list two or more primary (or two or more contingent beneficiaries) they will be treated on a share and share alike basis. If you prefer a different allocation, please specify. If you designate a trust (for the benefit of a natural living person only), a charitable organization or your estate as a beneficiary, you will also need to complete the "Other designation" section.</p>					
Primary Beneficiary - attach additional list if necessary.					
Full Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Relationship	Birth Date	SSN*	Allocation %
	<input type="checkbox"/> M <input type="checkbox"/> F				%
	<input type="checkbox"/> M <input type="checkbox"/> F				%
	<input type="checkbox"/> M <input type="checkbox"/> F				%
Contingent Beneficiary (optional) - attach additional list if necessary.					
Full Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Relationship	Birth Date	SSN*	Allocation %
	<input type="checkbox"/> M <input type="checkbox"/> F				%
	<input type="checkbox"/> M <input type="checkbox"/> F				%
Other Designation (NOTE: Any designated trust must already be in existence—this form cannot create a trust.)					
Name of Trust, Charity or Estate		Trustee/Contact Name		Address	
REQUIRED SIGNATURES					
Member Signature				Date	
Witness Name Printed (not a beneficiary)		Signature		Date	

Original signatures are required. MPERA cannot accept faxed or photocopies of this form.

This form must be received by our office before any changes will take effect.